

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2004
Secretary of State**

DOCUMENT# N95000002759

Entity Name: MARUS CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1012 EAST AVE
1012
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 121104
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 59-3336261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JORDAN, EDWARD P
13543 EAST HWY 50
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

LAMB, HOPE H
P.O. BOX 121104
CLERMONT, FL 34712 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOPE H. LAMB

10/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMB, HOPE H
Address: P.O. BOX 121104
City-St-Zip: CLERMONT, FL 34712

Title: DVPD () Delete
Name: LAMB,III, JOHN T
Address: PO BX 121104/519 MARNANMAR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: RUBENSTEIN, BARRY DDS
Address: 1000 EAST AVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPD (X) Change () Addition
Name: LAMB,III, JOHN T
Address: PO BOX 121104
City-St-Zip: CLERMONT, FL 34712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOPE H. LAMB

PD

10/20/2004

Electronic Signature of Signing Officer or Director

Date